

4 December 1953

Memorandum for: General Counsel

Subject: Observations on Mr. Frank Olson from 24 November through 27 November 1953

1. I understand that in connection with the submission of a claim to the Bureau of Employees Compensation, you wish a report on the events prior to the death of Mr. Olson from me. The following is submitted for your records.

2. I saw Mr. Olson in the company of Dr. Lashbrook and Colonel Ruwet in my office in New York City, 133 East 58th Street. I understood that he had been agitated for some time and that he had been making statements which appeared to be confused. I was asked to make further observations so that proper treatment for Mr. Olson could be instituted for Mr. Olson if any treatment was considered necessary.

3. On Tuesday, 24 November 1953, conversations were begun which centered mainly on our earlier meetings during the war in 1944 and 1945. Many older interests were recalled. We discussed construction of gas racks, filtration problems, our attitudes towards mutual friends, and many things which were most pertinent at that time. Our conversation at this point was on a social level in which the patient had, contrary to his later attitudes, an excellent feeling and memory for people, events and realistic aspects of these people and events. He did show that he was under strain by his mannerisms but at no time during his primary conversation did he appear to be definitely out of touch with reality. Dr. Lashbrook and Colonel Ruwet left the office and I spent about one hour alone with Mr. Olson. As soon as these gentlemen left, he showed greater anxiety about his sense of inadequacy with particular reference to the scientific performance of his duties. He was obsessed with the idea that his memory was poor, that his work was inadequate, and that he was failing to live up to expectations of his family and friends. He mentioned that he was dishonest because he had been retired from the Army for an ulcer and showed a certain amount of unrealistic but nevertheless anticipated guilt feelings about taking retirement pay. I attempted to confirm what I had heard that an experiment had been performed especially to trap him the preceding week but

he emphasized that his present problem did not lay in that area and that his problem was his own ability to live up to his own concept of what his performance of his duties should be and his inability to attain the perfections necessitated by the needs of his work. He, himself, pointed out that when he was asked to take over more responsibility and head up a division he refused and went into a state of panic feeling that he could hardly, with his own growing feelings of inadequacy in his work, take over more responsibility.

4. That evening, in order to keep in contact with him and to accumulate more data, I went to the hotel and spent from 10:30 to 11:30 with Mr. Olson, Dr. Lashbrock and Colonel Fuwet. Again, Mr. Olson appeared to maintain an excellent relationship with all of us. Although apprehensive he apparently was much calmer and after a strictly social discussion said as I left, "You know, I feel a lot better. This is what I have been needing."

5. The next day Mr. Olson spent an hour with me in which he again appeared agitated. There was repeated discussion of his concern with the quality of his work, his guilt on being retired from the Army for an ulcer, and his release of classified information. He said that he had had these feelings for a very long time and that they had not started the week before when he participated in an experiment and that, indeed, in March of 1953 his wife thought that he was so depressed and agitated that she thought that he should see a doctor. He said that he had been sleeping poorly since March of 1953 and amplified his difficulties with regard to poor memory and poor work. However, I could not harmonize what he said about his job performance with the attitude of his superiors since he had been offered a division. Nor did this check with repeated questioning of past events. I again attempted to get further information in regard to his feelings of persecution but at no time did he speak of anyone but with the highest regard for both friends and family. He stated explicitly that he wished to go back home and that arrangements had been made. I saw no way in which this could be prevented but plans were made for his return and further discussion.

6. I understand that on his way home he became agitated, very confused, and insisted on coming back to see us. He arrived in my Huntington office about four o'clock and this time the pent-up feelings which he had successfully hidden burst out in the greatest detail. The patient explicitly stated that he had long felt that his inability to sleep was connected with his belief that the CIA group had been putting something

(29)

like benzadrine in his coffee at night to keep him awake; that he had heard voices the night before telling him to throw away his wallet. His history now crystallized into a definite form, if we accept what he said that he had been delusional at least for weeks, probably months, but that he had been able to operate fairly well except in certain crises such as being offered more responsibility in taking over the division.

7. The diagnosis was quite clear of a psychotic state which seemed to have been crystallized by an experiment in which Mr. Olson participated the preceding week, apparently on a Thursday. He felt that his feelings during the experiment were like those of being overwhelmed by a mountain very much the same as he felt when he had to take over a new responsibility. Since the experiment he felt that he was not able to deal with his work as well as he had before and although he personally considered the experiment to be unrelated to his basic problem he has nevertheless felt worse since, and that the experiment might have intensified many of his problems.

8. With this information I recommended hospitalization at once and on Friday morning, November 27, Mr. Olson, Dr. Lashbrook, and I discussed in some detail the choice of hospital. Mr. Olson thought that he would like to be near home and for this reason a mental institution near Washington was chosen and a room was reserved. The hospital could not take Mr. Olson that day and arrangements were made for hospitalization the next morning.

CONCLUSION

Mr. Olson was in a psychotic state when hospitalization was decided upon with delusions of persecution. There are two aspects in regard to the relationship to the work in which he was engaged. It is well known that it is an occupational hazard to mental stability to be doing the type of work connected with his duties. Guilt feelings are well known to occur to a greater or less extent. Superimposed on these guilt feelings which are certainly an occupational hazard is his participation in an experiment wherein he felt that many of his feelings became overwhelming. It is well known that many drugs produce this effect. For example, I have had a patient of mine recently attempt suicide after taking one capsule of Nembutal. A capsule of Nembutal contains one and one-half grains. This is a therapeutic dose which is taken by thousands

of people daily yet this patient's personality structure was so oriented that one dose of this material taken by thousands of people daily was sufficient to have her reach for the box which she did. Fortunately, her husband was present and caused her to vomit up the capsules. It is certainly conceivable and certainly cannot be excluded that Mr. Olson's participation in an experiment in which a drug was administered could in just the same way precipitate a crisis which would upset the mental processes so that disorientation and the lack of mental functioning might be produced with the results readily observed. In this connection it has been my experience that certain individuals who, in an experimental situation may be given no drug whatsoever, yet show great symptoms of anxiety and confusion.

Harold A. Abramson

Harold A. Abramson, M. D.